

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: ARKANSAS

Citation

42 CFR 447.51  
through 447.58

4.18 Recipient Cost Sharing and Similar Charges

1916(a) and (b)  
of the Act

- (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
- (b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:
- (1) No enrollment fee, premium, or similar charge is imposed under the plan.
  - (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
    - (i) Services to individuals under age 18, or under--
      - ☐ Age 19
      - ☐ Age 20
      - ☐ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.
    - (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No. 91-52

Supersedes 87-12

TN No. 87-12

Approval Date DEC 13 1991

Effective Date OCT - 1 1991

HCFA ID: 7982E

|                                 |   |
|---------------------------------|---|
| STATE <u>Arkansas</u>           | A |
| DATE REC'D <u>NOV 21 1991</u>   |   |
| DATE APP'V'D <u>DEC 13 1991</u> |   |
| DATE EFF <u>OCT - 1 1991</u>    |   |
| HCFA 179 <u>91-52</u>           |   |

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: ARKANSAS

Citation 4.18(b)(2) (Continued)

42 CFR 447.51  
through  
447.58

(iii) All services furnished to pregnant women.

☐ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act,  
P.L. 99-272,  
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 91-52  
Supersedes 86-26 Approval Date DEC 13 1991 Effective Date OCT - 1 1991  
TN No. 86-26

HCFA ID: 7982E

|             |                     |   |
|-------------|---------------------|---|
| STATE       | <u>Arkansas</u>     | A |
| DATE REC'D  | <u>NOV 21 1991</u>  |   |
| DATE APPV'D | <u>DEC 13 1991</u>  |   |
| DATE EFF    | <u>OCT - 1 1991</u> |   |
| HCFA 179    | <u>91-52</u>        |   |

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

Revised: September 1, 1992

State/Territory: ARKANSAS

Citation 4.18(b) (Continued)

42 CFR 447.51  
through  
447.48

- (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

- (i) For any service, no more than one type of charge is imposed.

- (ii) Charges apply to services furnished to the following age groups:

☒ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 92-33

Superseded by 97-52

TN No. 97-52

Approval Date FEB 03 1993

Effective Date SEP 01 1992

HCFA ID: 7982E

|                                |   |
|--------------------------------|---|
| STATE <u>Arkansas</u>          | A |
| DATE REC'D <u>SEP 08 1992</u>  |   |
| DATE APPV'D <u>FEB 03 1993</u> |   |
| DATE EFF <u>SEP 01 1992</u>    |   |
| HCFA 179 <u>92-33</u>          |   |

Revision: HCFA-PM-91-4 (BPD)

OMB No.: 0938-

AUGUST 1991

Revised: March 1, 1993

State/Territory:

ARKANSAS

Citation42 CFR 447.51  
through 447.58

## 4.18(b)(3) (Continued)

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

/X/ Not applicable. There is no maximum.

TN No. 93-05 Approval Date MAR 23 1993 Effective Date MAR 01 1993  
 Superseded by  
 TN No. 91-52

HCFA ID: 7982E

|                               |   |
|-------------------------------|---|
| STATE <u>Arkansas</u>         | A |
| DATE REC'D <u>FEB 16 1993</u> |   |
| DATE APP'D <u>MAR 23 1993</u> |   |
| DATE EFF <u>MAR 01 1993</u>   |   |
| HCFA 179 <u>93-05</u>         |   |

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: ARKANSAS

Citation

1916(c) of  
the Act

4.18(b)(4) ☐

A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902(a)(52)  
and 1925(b)  
of the Act

4.18(b)(5) ☐

For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

1916(d) of  
the Act

4.18(b)(6) ☐

A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 91-52

Supersedes 90-28

TN No. 90-52

Approval Date DEC 13 1991

Effective Date OCT - 1 1991

HCFA ID: 7982E

|                                |   |
|--------------------------------|---|
| STATE <u>Arkansas</u>          | A |
| DATE REC'D <u>NOV 21 1991</u>  |   |
| DATE APPV'D <u>DEC 13 1991</u> |   |
| DATE EFF <u>OCT - 1 1991</u>   |   |
| HCFA 179 <u>91-52</u>          |   |

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: ARKANSAS

Citation

4.18(c) ☒ Individuals are covered as medically needy under the plan.

42 CFR 447.51  
through 447.58

- (1) ☐ An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through  
447.58

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under--

☐ Age 19

☐ Age 20

☐ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

TN No. 91-52

Supersedes 86-26

TN No. 86-26

Approval Date

DEC 13 1991

Effective Date

OCT - 1 1991

HCFA ID: 7982E

|                                |   |
|--------------------------------|---|
| STATE <u>Arkansas</u>          | A |
| DATE REC'D <u>NOV 21 1991</u>  |   |
| DATE APPV'D <u>DEC 13 1991</u> |   |
| DATE EFF <u>OCT - 1 1991</u>   |   |
| HCFA 179 <u>91-52</u>          |   |

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: ARKANSAS

Citation 4.18 (c)(2) (Continued)

42 CFR 447.51  
through  
447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

☐ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,  
P.L. 99-272  
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through  
447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

☐ Not applicable. No such charges are imposed.

TN No. 71-52

Supersedes 86-26

TN No. 86-26

Approval Date DEC 13 1991

Effective Date OCT - 1 1991

HCFA ID: 7982E

|             |                     |   |
|-------------|---------------------|---|
| STATE       | <u>Arkansas</u>     | A |
| DATE REC'D  | <u>NOV 21 1991</u>  |   |
| DATE APPV'D | <u>DEC 13 1991</u>  |   |
| DATE EFF    | <u>OCT - 1 1991</u> |   |
| HCFA 179    | <u>71-52</u>        |   |

Revision: HCFA-PM-91-4 (BPD)

OMB No.: 0938-

Revised: AUGUST 1991  
September 1, 1992State/Territory: ARKANSAS

Citation 4.18(c)(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

☐ Not applicable. No such charges are imposed.

- (i) For any service, no more than one type of charge is imposed.
- (ii) Charges apply to services furnished to the following age group:

☒ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 233  
Superseded 91-52 Approval Date FEB 03 1993 Effective Date SEP 01 1992  
TN No. 91-52

HCFA ID: 7982E

|                                |   |
|--------------------------------|---|
| STATE <u>Arkansas</u>          | A |
| DATE REC'D <u>SEP 08 1992</u>  |   |
| DATE APPV'D <u>FEB 03 1993</u> |   |
| DATE EFF <u>SEP 01 1992</u>    |   |
| HCFA 179 <u>9233</u>           |   |



REVISED: March 1, 1993

State/Territory: ARKANSAS

Citation 4.18(c)(3) (Continued)

447.51 through  
447.58

(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.93(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

☒ Not applicable. There is no maximum.

447.57

4.18(d) The Medicaid agency does not increase the payment it makes to any provider to offset uncollected amounts for deductibles, coinsurance, copayments or similar charges that the provider has waived or are uncollectable, except as permitted under 42 CFR 447.57(b).

TN No. 93-05  
Superseded  
TN No. 92-23

Approval Date MAR 23 1993

Effective Date MAR 01 1993

HCFA ID: 79825

|            |                    |
|------------|--------------------|
| STATE      | <u>Arkansas</u>    |
| DATE REC'D | <u>FEB 16 1993</u> |
| DATE APP'D | <u>MAR 23 1993</u> |
| DATE EFF   | <u>MAR 01 1993</u> |
| HCFA 177   | <u>93-05</u>       |

A